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Diabetes and mental health: a holistic approach is needed

Abstract

No one illness can be totally compartmentalised. Associations between illnesses commonly exist. As such, nurses need to be mindful of holistic care requirements of clients.

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Diabetes and mental health: a holistic approach is needed

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No one illness can be totally compartmentalised. Associations between illnesses commonly exist. As such, nurses need to be mindful of holistic care requirements of clients.

One such example of this is with diabetes and mental illness. There is a clear bidirectional association between diabetes and mental illness¹. Statistics show that Australians with diabetes have a higher prevalence of poor mental health than those without diabetes². Conversely, those with mental health issues have a higher prevalence of diabetes than the general population. In fact, statistics from the Australian National Health Survey 2014-2015 estimate that 25.4% of people with diabetes have high or very high levels of psychological distress³. This is compared to 11.7% of the general population³.

In terms of categorized mental health issues, including alcohol and drug issues, mood (affective) disorders and anxiety issues, the National Health Survey 2014-2015 identified that for those with a primary diagnosis of diabetes, over a quarter (27.5%) will have a comorbid mental and behavioural issue³. This is compared to the much lower rates of 17.5% of the general population. For people experiencing a psychotic illness, they have been found to experience diabetes at a rate three times that of the general population⁴. One-fifth (20.5%) of people with a psychotic illness have diabetes (compared with 6.2% of the general population)⁴.

Diabetes is also increasingly being recognised as a risk factor for mental health problems, and vice versa. A recent analysis of 23 longitudinal studies concluded that depressive symptoms are associated with a significantly increased risk for diabetes⁵. It is also recognised that when people with diabetes find it difficult to cope, this places them at risk of developing mental health problems⁶.

Nurses have key roles in the separate treatment of people with diabetes and mental health problems. But, as we become increasingly specialised we need to be mindful that we are not moving away from holism. The implications are clear. Nurses working with people with mental illness need to be able to identify those affected by diabetes and ensure they receive appropriate care⁶. And of course, nurses working with people with diabetes need to identify those affected by mental health problems and ensure they too receive appropriate care.

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